STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010888	A. BUILDING _____ B. WING _____	07/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF RICHMOND	3700 S A ST RICHMOND, IN 47374

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: July 17, 18, 19, and 20, 2012 Facility number: 010888 Provider number: 010888 AIM number: N/A Survey team: Barbara Gray, RN Census bed type: Residential: 42 Total: 42 Census payor type: Other: 42 Total: 42 Sample: 7 Sterling House of Richmond was found to be in compliance with 410 IAC 16.2 in regard to the State Licensure Survey. Quality review 7/23/12 by Suzanne Williams, RN	R 000		